

10/536821

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2							52	/					
3	/						53	/					
4	/						54	/					
5	2						55	/					
6	2						56	/					
7	2						57	2					
8	1						58	0					
9	0						59	/					
10	0						60	/					
11	6						61	/					
12	6						62	/					
13	6						63	2					
14	6						64	2					
15	6						65	2					
16	1						66	2					
17	1						67	0					
18	5						68	2					
19	0						69	2					
20							70	0					
21							71						
22							72						
23							73						
24							74						
25	1						75						
26	1						76	0					
27	1						77	0					
28	3						78	0					
29	0						79	0					
30	0						80	0					
31	0						81						
32	0						82						
33	0						83						
34	0						84	1					
35	0						85						
36	0						86	3					
37	0						87	3					
38	0						88	0					
39							89	0					
40							90						
41							91						
42	1						92						
43							93						
44							94						
45							95						
46							96	1					
47							97	1					
48							98	1					
49							99	1					
50							100	1					
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

10/536821

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

2002

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101		/					151						
102		6					152						
103		6					153						
104			/				154						
105				/			155						
106					/		156						
107						/	157						
108							158						
109							159						
110							160						
111							161						
112							162						
113							163						
114							164						
115							165						
116							166						
117							167						
118							168						
119							169						
120							170						
121							171						
122		/					172						
123			/				173						
124				/			174						
125					/		175						
126			/				176						
127			/				177						
128				/			178						
129							179						
130							180						
131							181						
132							182						
133							183						
134							184						
135							185						
136							186						
137							187						
138							188						
139							189						
140							190						
141							191						
142							192						
143							193						
144							194						
145							195						
146							196						
147							197						
148							198						
149							199						
150							200						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.													
TOTAL CLAIMS													